

Department of Human Services  
Bureau of Human Service Licensing  
LICENSING INSPECTION SUMMARY PUBLIC

October 8, 2025

[REDACTED]  
STATE COLLEGE OPERATIONS LLC  
[REDACTED]

RE: HARMONY AT STATE COLLEGE  
121 HAVERSHIRE BOULEVARD  
STATE COLLEGE, PA, 16803  
LICENSE/COC#: 22803

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/15/2025 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,  
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

**Facility Information**

Name: *HARMONY AT STATE COLLEGE* License #: *22803* License Expiration: *08/11/2025*  
 Address: *121 HAVERSHIRE BOULEVARD, STATE COLLEGE, PA 16803*  
 County: *CENTRE* Region: *NORTHEAST*

**Administrator**

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

**Legal Entity**

Name: *STATE COLLEGE OPERATIONS LLC*  
 Address: [REDACTED]  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *I-2* Date: *06/19/2019* Issued By: *Centre Region*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *125* Waking Staff: *94*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Incident* Exit Conference Date: *05/15/2025*

**Inspection Dates and Department Representative**

*05/15/2025 - On-Site:* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: *125* Residents Served: *90*

**Secured Dementia Care Unit**  
 In Home: *Yes* Area: *Harmony Square* Capacity: *38* Residents Served: *28*

**Hospice**  
 Current Residents: *9*

**Number of Residents Who:**  
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *90*  
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *35* Have Physical Disability: *0*

**Inspections / Reviews**

**05/15/2025 Partial**  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/19/2025*

**06/27/2025 - POC Submission**  
 Submitted By: [REDACTED] Date Submitted: *07/03/2025*  
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *07/01/2025*

Inspections / Reviews *(continued)*

10/08/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/03/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

18 - Compliance With Laws

1. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

At approximately 9:30 AM, a copy of the influenza information poster was not posted in a public and conspicuous home as required by the Influenza Awareness Act.

Plan of Correction

Accept (████) - 06/27/2025)

The facility cannot retroactively correct the posting of the influenza poster according to the regulation.

The Influenza information poster was posted on 5/15/25 according to the regulation.

The ED educated the HCD and AHCD on 5/22/25 to the importance of properly posting the Influenza Information poster according to the regulations.

The ED will perform weekly audits to ensure the Influenza poster is posted in a public area for all residents, staff and visitors to read. The audits will begin 5/22/25 and be completed for weekly for 4 weeks then monthly for 2 months.

Licensee's Proposed Overall Completion Date: 06/30/2025

Implemented (████) - 07/11/2025)

121a - Unobstructed Egress

2. Requirements

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

At approximately 9:20 AM the exit door near room █████ the leads to the outside was very difficult to open, requiring a great deal of force pushing on it. Once opened, the door was also very difficult to close completely.

Plan of Correction

Accept (████) - 06/27/2025)

The facility cannot retroactively correct the exit door near room █████ leading to the outside.

The stairwell door near █████ was fixed on 5/15/25.

On 5/22/25 the Maintenance team was educated on the importance of keeping Stairways, hallways, doorways, passageways and egress routes unobstructed.

Beginning 5/22/25 the ED or designee will perform weekly walking round audits of all exit doors leading to the outside for ease of opening and closing. The weekly audits will continue for 4 weeks then monthly for two months.

Licensee's Proposed Overall Completion Date: 06/30/2025

121a - Unobstructed Egress (continued)

Implemented [redacted] - 07/11/2025)

225c - Additional Assessment

3. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

- 2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

Resident [redacted] assessment, dated [redacted] was not updated to reflect the self harming behavior that occurred on [redacted].

Plan of Correction

Accept [redacted] - 06/27/2025)

A change of status assessment was completed on 5/22/25. The resident no longer resides in facility.

On 5/22/25 the ED educated the HCD and AHCD on the importance of updating a resident's assessment upon a change of status in the resident's care.

Beginning 5/22/25 the ED or designee will conduct audits of all resident assessments for residents who have experienced a change of condition.

The audits will be completed weekly for 4 weeks then monthly for 2 months. Audits will be reviewed in the Quality Assurance meeting

Licensee's Proposed Overall Completion Date: 06/30/2025

Implemented [redacted] 10/06/2025)